Attachment 13a–Sample AFIADL Form 23, *AFIADL Enrollment Application*

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                    AFIADL ENROLLMENT APPLICATION
        (TYPE or PRINT clearly.  Fill out in accordance with instructions in the AFIADL Catalog.)
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PRIVACY ACT STATEMENT
1. AUTHORITY: 44 USC 3101; 10 USC 8012; EO 9397. 2. PRINCIPAL PURPOSE: Used for individuals to provide information to AFIADL for enrollment in a specific correspondence study course. 3. ROUTINE USE: To provide AFIADL course enrollment. 4. DISCLOSURE: Voluntary. However, if information is not provided, enrollment cannot be accomplished.

1. AFIADL COURSE NUMBER	2. SOCIAL SECURITY NUMBER		3. IDENTITY CODE? CATEGORY
0 0 0 0 1 3	3 1 4	1 1	1 9 6 2	7

4. NAME (Last,   First   Middle Initial)
   GOULD   JOHN   D.

5. PAY GRADE
   O-1

6. REASON FOR ENROLLMENT - CODES
   L ☐ MANDATORY
   N ☒ VOLUNTARY

7. ADDRESS (OJT enrollee use address of Unit Training office)
   106 PEAR ST

   PEACHTREE, GA

8. TCO PHONE (DSN)
   N/A

9. COURSE TITLE
   CAP SENIOR OFFICER COURSE

10. SIGNATURE AND TITLE OF APPROVING OFFICIAL

ZIP CODE   3 0 0 1 0 — 5 5 0 1

SIGNATURE

11. ZIP CODE/SHRED OF TEST CONTROL FACILITY
    3 0 0 6 9 4 1 1 2 - 8

TITLE
SQ COMMANDER, UNIT #1235

AFIADL FORM 23, 20000609   Replaces ECI Form 23, 19 950301, which will be used.

Attachment 13b– Instructions for Completing AFIADL Form 23

NOTE:These procedures do not apply to ACSC or AWC. Applications for ACSC and AWC are found later in this attachment.

SECTION NUMBER

1. Enter the AFIADL course number from the *AFIADL Catalog*. (Contact the wing TCO if unknown.)
2. Enter student's social security number.
3. Enter "7" in this block.
4. Enter student's full name.
5. Enter Grade.
6. Check the "voluntary" box.
7. Enter student's address and zip code (include Zip+4).
8. Insert "not applicable."
9. Enter the full title of the course from the AFIADL catalog.
10. The unit commander or designee must sign here and include the unit number.
11. Enter the test shred-outs as appropriate (see CAPP 8).

SENIOR MEMBER GRADE	CODE
Neither NCO nor Officer	E–1
Noncommissioned Officer	N–1
Flight Officer	FO
Technical Flight Officer	FO–1
Senior Flight Officer	FO–2
Second Lieutenant	O–1
First Lieutenant	O–2
Captain	O–3
Major	O–4
Lieutenant Colonel	O–5
Colonel	O–6

CADET GRADE	CODE
Cadet Second Lieutenant	C–1
Cadet First Lieutenant	C–2
Cadet Captain	C–3
Cadet Major	C–4
Cadet Lieutenant Colonel	C–5
Cadet Colonel	C–6

Attachment 13c–Fax for AFIADL Form 23, Enrollment Procedures

FAX COVER SHEET

TO: AFIADL (334) 953-8127, DSN 493-8127
FROM:

_____

Name/CAP Grade

_____

Address

_____

City, State, Zip Code

REGISTRAR: Please process the attached AFIADL Form 23.

AFIADL ENROLLMENT APPLICATION
(TYPE or PRINT clearly. Fill out in accordance with instructions in the AFIADL Catalog.)

PRIVACY ACT STATEMENT
1. AUTHORITY: 44 USC 3101; 10 USC 8012; EO 9397. 2. PRINCIPAL PURPOSE: Used for individuals to provide information to AFIADL for enrollment in a specific correspondence study course. 3. ROUTINE USE: To provide AFIADL course enrollment. 4. DISCLOSURE: Voluntary. However, if information is not provided, enrollment cannot be accomplished.

1. AFIADL COURSE NUMBER	2. SOCIAL SECURITY NUMBER	3. IDENTITY CODE? CATEGORY

4. NAME (Last, First Middle Initial)	5. PAY GRADE	6. REASON FOR ENROLLMENT - CODES
7. ADDRESS (OJT enrollee use address of Unit Training office)	8. TCO PHONE (DSN)	L☐ MANDATORY N☐ VOLUNTARY
	9. COURSE TITLE	
	10. SIGNATURE AND TITLE OF APPROVING OFFICIAL	
ZIP CODE	SIGNATURE	
11. ZIP CODE/SHRED OF TEST CONTROL FACILITY	TITLE	

AFIADL FORM 23, 20000609   Replaces ECI Form 23, 19 950301, which will be used.

DO NOT REMOVE THIS FORM FROM THE HANDBOOK.
MAKE A COPY.